

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-042088**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **142**

**FILED DEC 6 1962**

1. PLACE OF DEATH

a. COUNTY

**Cooper**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Boonville**

Length of stay in 1b  
**1** days

c. CITY OR TOWN **Boonville**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Joseph's Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**N. 6th St.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

**EDWARD MELVILLE JANUARY**

4. DATE OF DEATH

Month **November** Day **28** Year **1962**

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

**3/5/93**

9. AGE (last birthday)

**69**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Teacher**

10b. KIND OF BUSINESS OR INDUSTRY

**Mo. Trang. School**

11. BIRTHPLACE (City and state or country)

**Leavenworth, Ks.**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**Wm. Otto January**

13b. MOTHER'S MAIDEN NAME

**Huldah Carey**

14. NAME OF HUSBAND OR WIFE

**-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**yes**

**WWI**

16. SOCIAL SECURITY NO.

**-----**

17. INFORMANT.

**Scott DeClue**

Address

**Boonville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary occlusion 2 hours**  
**arteriosclerotic myocarditis 3-4 years**  
**Hypertension**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 14-60** to **Nov 28-62** and last saw him alive on **Nov 25-62**  
Death occurred at **Boonville Hospital** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

**removal**

23b. DATE

**Nov. 30/62**

23c. NAME OF GEMETERY OR CREMATORY

**National Cemetery**

23d. LOCATION (City, town, or county)

**Leavenworth, Kansas**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**B. W. Thacher**

**Boonville, Mo.**

25. DATE RECD. BY LOCAL REG.

**Nov. 30-62**

26. REGISTRAR'S SIGNATURE

**DB Cooper**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

1 2 7 5  
2 2 7 5  
3  
4 2  
5 3  
6  
7 1  
8 2  
9 4 20.1  
10  
11  
12 1-0  
13 1-0

JAN 10 1963

DEC 13 1962  
DEC 11 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Berry W. Hacker

Licensed Embalmer No. 3944

P. O. Address Bronville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.